

## **Dermatology Coding Alert**

### **Revenue: Knowledge Is Power: Better Info from Patients Can Mean Stronger Billing**

**Tip: Don't just ask, "Has your insurance information changed?"**

We're living in a high-tech world, but many of your billing errors may be the result of some very human slipups — errors that can be thwarted by one of the most old-school methods out there: talking to your patients at the registration desk.

That's the word from **Trent Shelton** of Solutions4MD's, Inc., a North Carolina-based medical billing and consulting firm. Although any issue could trip up your claims as they make their way through processing, simple mistakes are common — and costly.

"Even in a time where advanced tools are readily available, patient registration issues still remain the top reason for denials," Shelton says. "Sometimes it's simple keying errors, other times a patient's insurance information has changed, or the spouse/parent is the policyholder but it wasn't indicated on the claim."

A simple solution to this issue is to enact measures that help you obtain complete and accurate information — and verifying your patient information regularly can have a significant impact on denial reduction.

"It can be as simple as asking the right question," Shelton says. "For example, don't just ask your returning patients at check-in if any of their information has changed. Ask them to look at the information you have on file and confirm that it's correct."

Although electronic registration tools that integrate with billing software are available and effective, they can be costly. Instead, Shelton says, a free alternative is available. "Most major insurances provide Web portals that allow a practice to check a patient's insurance information. If all patients' insurance information is screened through these portals prior to their scheduled visit, the discrepancies can be identified ahead of time and can be resolved before a billable service is ever generated."

#### **Perform A/R Aging Reports**

If you aren't sure whether your insurers are paying you for the claims you submit, it's probably time to run an accounts receivable (A/R) report.

"Many practices are so focused on posting charges and payments that they don't pay attention to the claims that have not received a response from the payer," Shelton says. "An A/R aging report should be run for the practice at least once per month. Reviewing this report will help the practice keep track of problem accounts and will also help identify any troublesome trends with payers."

You should also perform a comprehensive patient-by-patient review of this report, Shelton advises. "This ensures that nothing slips through the cracks. Sometimes it takes longer to get paid, but at least you are keeping tabs on the status of the claim and providing any information that the payer may require. It is important to incorporate this into the billing process so that your A/R stays at a healthy age."

